MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/580016 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** 1" AMENDMENT 2 - AMENDMENT I"AMENDMENT 2 " AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. T Ω 团 D TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. TOTAL CLAPMS TOTAL

CLAIMS

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PTO-136 (REV. 11/04)